

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AD FILED		APPLICANT AUTHORITY		APPLICANT AUTHORITY			AD FILED		APPLICANT AUTHORITY		APPLICANT AUTHORITY	
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29	/						79						
30		/					80						
31		/					81						
32	/	/					82						
33		/					83						
34		/					84						
35	/	/					85						
36		/					86						
37		/					87						
38	/	/					88						
39		/					89						
40		/					90						
41	/	/					91						
42		/					92						
43		/					93						
44	/	/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS	29						TOTAL CLAIMS						